

**EXHIBIT A-2 – SELF-CERTIFICATION OF LANDLORD/TENANT RELATIONSHIP**

**(To be Submitted by Head of Household if no written lease is available and Landlord cannot or will not sign Exhibit A-1 Self-Certification of Landlord/Tenant Relationship)**

Head of Household's Name: \_\_\_\_\_

Head of Household's Spouse (if applicable): \_\_\_\_\_

Other Household Members 18 & Over: \_\_\_\_\_

Landlord's Name (name where rent is sent): \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Landlord's Email Address: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_ (the "Property")

How long have you rented the Property? \_\_\_\_\_

Term of Lease: \_\_\_\_\_ Expiration of Lease: \_\_\_\_\_ Monthly Rent Payment: \_\_\_\_\_

Are any utilities included in your rent payment?  Yes  No If yes, list which utilities are included:

\_\_\_\_\_.

Are you behind in rent:  Yes  No If yes, how much rent is past due \$ \_\_\_\_\_?

Applicant must attach the following to this Certification:

1. Evidence of Rent payments (may include bank statements, cleared or cancelled checks, or other documentation that reasonably evidences a pattern of paying rent) (i) paid by tenant to the Landlord listed in the application; and (ii) for a period of 3 or more months since January 1, 2020.

And

2. Evidence Utility Payments (may include bank statements, cleared or cancelled checks, or other documentation that reasonably evidences a pattern of paying utilities) (i) paid at the address listed on the application, (ii) for a period of 3 or more months since January 1, 2020; (iii) utility invoice must be dated within thirty days of the application date; and (iv) fully completed Tenant's Certification of Lease.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the MRAP Program and other remedies available under applicable law.

\_\_\_\_\_  
Signature of Applicant/  
Head of Household

\_\_\_\_\_  
Printed Name of Applicant/  
Head of Household

\_\_\_\_\_  
Date